

| POSITION | FILE NO. | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | AM | 896 | 12/19/00 |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

| | | | |
|---|-------------------------------|---|--------------|
| ✓ | Rejected | N | Non-elected |
| = | Allowed | I | Interference |
| — | (Through numeral)... Canceled | A | Appeal |
| ÷ | Restricted | O | Objected |

| Claim | Date |
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| Final | |
| Original | |
| 1 | 11/17/00 |
| 2 | 12/16/00 |
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If more than 150 claims or 10 actions
staple additional sheet here

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